

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11	1					
12	1					
13	1					
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50						
TOTAL IND.	7					
TOTAL DEP.	17	↓	↓	↓		
TOTAL CLAIMS	24					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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100			
TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS			↓

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